

CPW
A/F#

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|------------------------|-------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/605,243 | |
| | Filing Date | September 17, 2003 | |
| | First Named Inventor | C. Haehn | |
| | Art Unit | 2833 | |
| | Examiner Name | R. Luebke | |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 28679/05404 (02-092 US) |

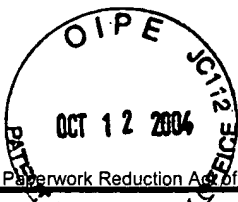
| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | - Fee Determination Record (1 pg) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | - Return Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|------------------------|
| Firm or Individual name | 24024 |
| Signature | <i>Brian S. Kondas</i> |
| Date | October 7, 2004 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|--------------------------|------|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Marianne Crimaldi | | |
| Signature | <i>Marianne Crimaldi</i> | Date | October 7, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 84

Complete if Known

| | |
|----------------------|-------------------------|
| Application Number | 10/605,243 |
| Filing Date | September 17, 2003 |
| First Named Inventor | C. Haehn |
| Examiner Name | R. Luebke |
| Art Unit | 2833 |
| Attorney Docket No. | 28679/05404 (02-092 US) |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

03-0172

Calfee, Halter & Griswold LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | |
| 1002 | 340 | 2002 | 170 | Design filing fee | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | 0 |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | | Extra Claims | | Fee from below | | Fee Paid | |
|--------------------|----|--------------|----|----------------|----|----------|----|
| | | | | | | | |
| | 13 | -20** = | 20 | X | 18 | = | 0 |
| Independent Claims | 4 | -3** = | 1 | X | 84 | = | 84 |
| Multiple Dependent | | | | | | | |

| Large Entity | | Small Entity | | Fee Description | |
|--------------|----------|--------------|----------|--|----|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | | 84 |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| 1252 | 420 | 2252 | 210 | Extension for reply within second month | |
| 1253 | 950 | 2253 | 475 | Extension for reply within third month | |
| 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | |
| 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | |
| 1401 | 330 | 2401 | 165 | Notice of Appeal | |
| 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | |
| 1403 | 290 | 2403 | 145 | Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | |
| 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | |
| 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | |
| 1502 | 480 | 2502 | 240 | Design issue fee | |
| 1503 | 640 | 2503 | 320 | Plant issue fee | |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0

SUBMITTED BYName (Print/Type) **Brian E. Kondas**Registration No.
(Attorney/Agent)

40,685

(Complete (if applicable))

Telephone (216) 622-8308

Signature

Brian E. Kondas

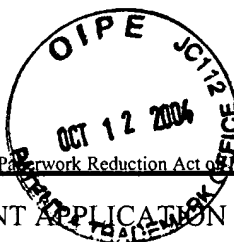
Date

October 7, 2004

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PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

28679/05404

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|---|--------------|--------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | minus 20 = * | 16 |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = * | 2 |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

| RATE | FEE |
|--------------|----------|
| | \$ _____ |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| RATE | FEE |
|-----------|----------|
| | \$ _____ |
| x \$ 18 = | 0 |
| x 84 = | 0 |
| + _____ = | |
| TOTAL | 750 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|-------|---|------------------|
| | Total (37 CFR 1.16(c)) | * 16 | Minus | ** 20 | = 0 |
| | Independent (37 CFR 1.16(b)) | * 3 | Minus | *** 3 | = 0 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| | |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| | |
| x \$ 18 = | 0 |
| x 84 = | 0 |
| + _____ = | |
| TOTAL ADDIT. FEE | 0 |

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|-------|---|------------------|
| | Total (37 CFR 1.16(c)) | * 13 | Minus | ** 20 | = 0 |
| | Independent (37 CFR 1.16(b)) | * 4 | Minus | *** 3 | = 1 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| | |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| | |
| x \$ 18 = | 0 |
| x 84 = | 84 |
| + _____ = | |
| TOTAL ADDIT. FEE | 84 |

| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|-------|---|------------------|
| | Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| | Independent (37 CFR 1.16(b)) | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| | |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| | |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Customer Number

24024

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : C. Haehn et al.
For : **REMOTE DIAGNOSTIC
UNIT ENCLOSURE ASSEMBLY**
Serial No. : 10/605,243
Confirmation No. : 3312
Filed : September 17, 2003
Examiner : R. Luebke
Art Unit : 2833
Last Office Action : July 7, 2004
Attorney Docket No. : 28679/05404 (02-092 US)

AMENDMENT B - AFTER FINAL

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Responsive to the Office Action issued July 7, 2004 in connection with the
above-identified patent application, please amend the application as follows:

10/13/2004 RHEKONEN 00000028 030172 10605243
01 FC:1201 88.00 DA

CERTIFICATE OF MAILING

I hereby certify that this **AMENDMENT B - AFTER FINAL** for U.S. Serial No. **10/605,243** is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 on this 7th day of October, 2004.

Marianne Crimaldi

Marianne Crimaldi {BK1385.DOC;1}

Amendments to the Claims are reflected in the listing of claims which begins on **page 3** of this paper.

Remarks begin on **page 7** of this paper.